

Fig. 1



Terrace Security Corporation
Online Applications Management Console

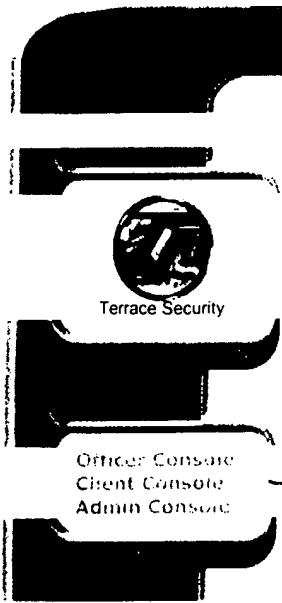


Fig. 2



Terrace Security Corporation
Officer Console

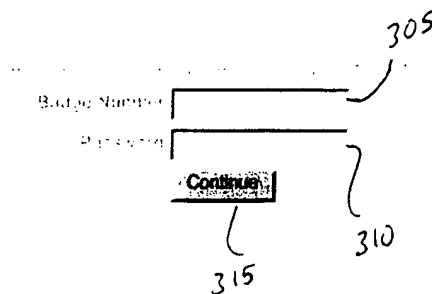
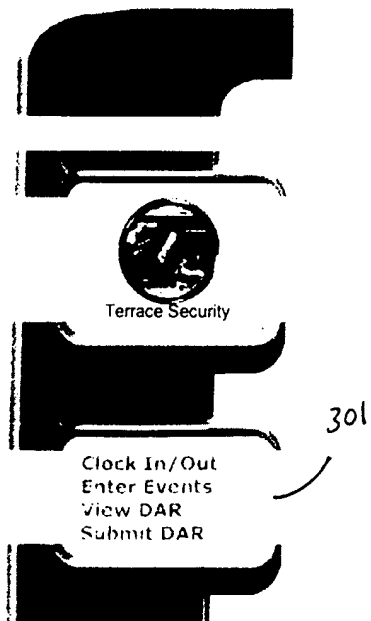


Fig. 3





Terrace Security



Clock In/Out
Enter Events
View DAR
Submit DAR
Log Out



Terrace Security Corporation
Officer Console

Logged In: Neely, Bernard

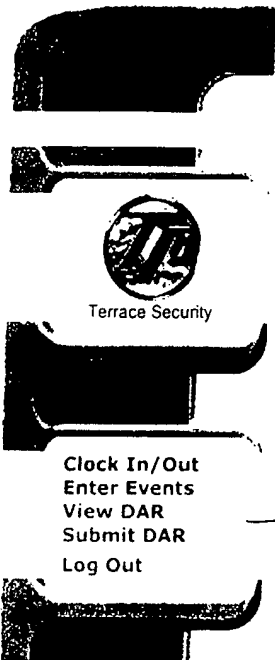
Clock In/Out

Property Terrace @ Willowbrook Time in 4:35
Shift Code 435 Radio Number 435
Comments 435

Clock In

435

Fig 7



Terrace Security Corporation
Officer Console

Logged In: Neely, Bernard 450

Enter Event

460

Open Shifts

Time In	Time Out	Shift Code	Property
8:15:00 AM	8:45:00 AM	122	101 The [] Winnowbrook
8:20:15 AM	8:40:55 AM	1222	Terrace [] Winnowbrook

470

Add Event

Time Out 471

Time In 472

1 00 AM 1 00 AM

473 474

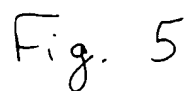
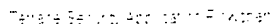
Event Code

1600 - Abandonment of a Child

Comments

Add 455

Fig. 4A





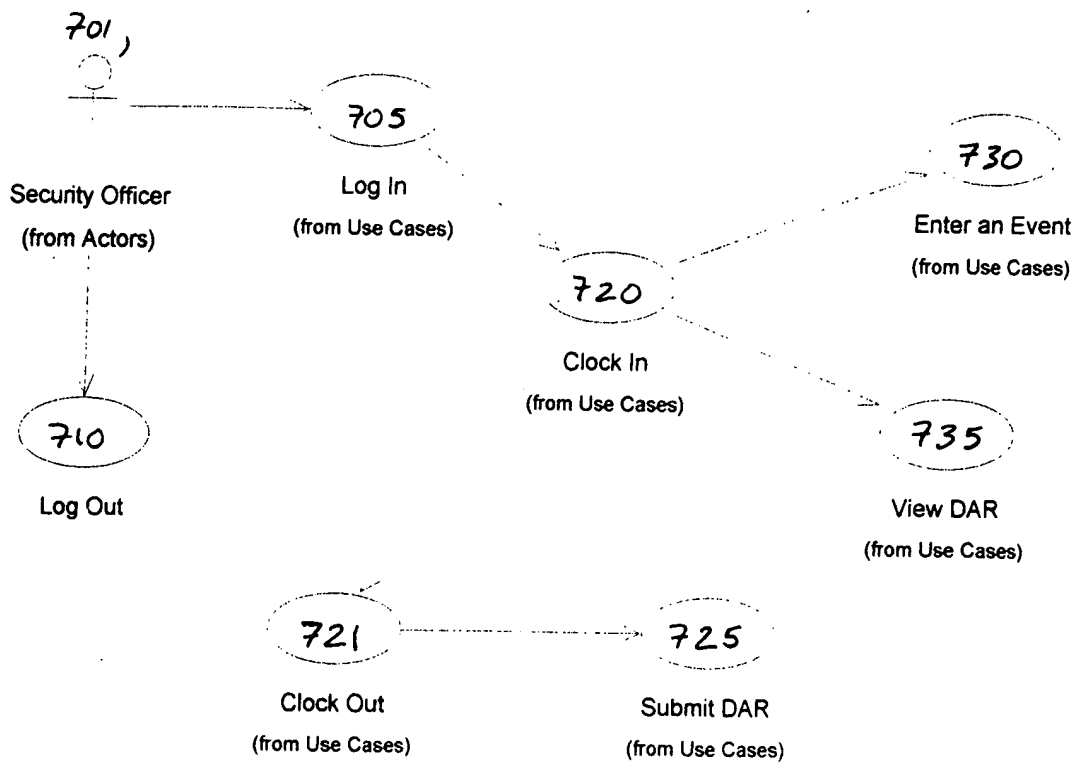


Fig. 7

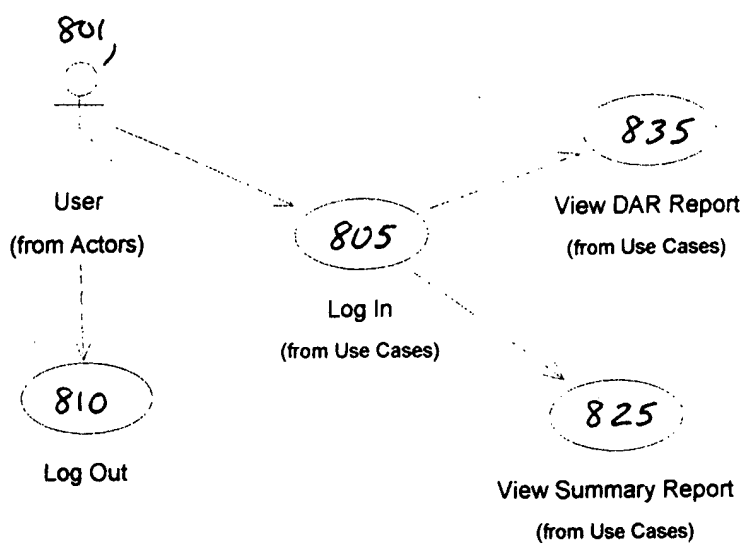
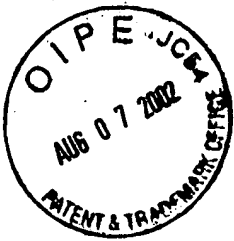


Fig. 8



Terrace Security Corporation
Online Applications Management Console

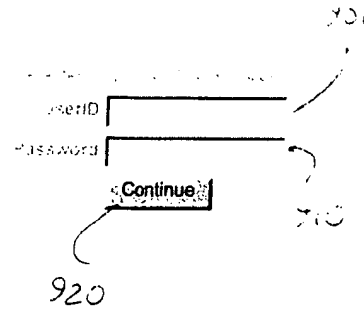
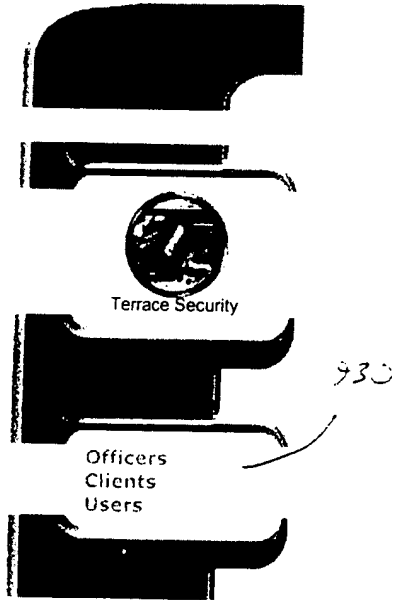


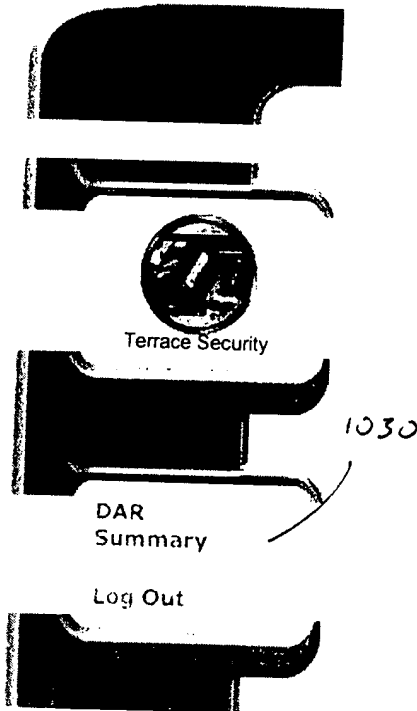
Fig. 9



Terrace Security Corporation
Secured Reporting Console

Logged In: Bordman, Steve

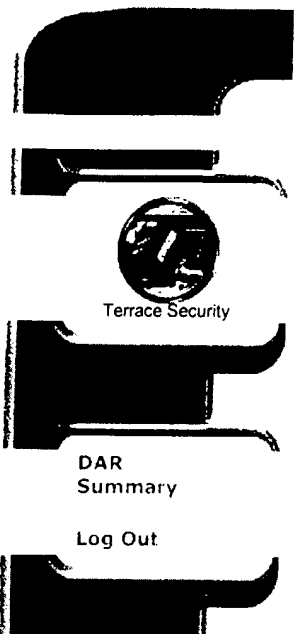
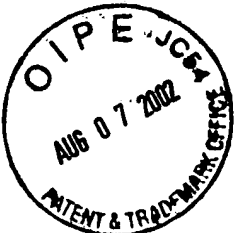
Daily Activity Report



Guard	Property	Date
--All--	--All--	11/22/2000

Handwritten annotations: '1010' under Guard, '1020' under Property, '1040' under a 'Show' button, and '1030' at the top right of the table area.

Fig. 10



Terrace Security Corporation
Secured Reporting Console
Logged In: Borgman, Steve
Daily Activity Report

Shift 1

Guard: Calamari, Manni
Post: Memorial City Mall
Time In: 10/12/2000 12:22:12 PM
Time Out: 10/12/2000 12:22:26 PM
Shift Code: dg
Radio Number: dfg
Comments: dzfgdzg

Time In	Time Out	Code	Comments	IP
1:00:00 AM	1:00:00 AM	2906	dfgdfg	
1:00:00 AM	1:00:00 AM	2918	sdf	

Shift 2

Guard: Calamari, Manni
Post: Memorial City Mall
Time In: 10/12/2000 5:03:26 PM
Time Out: 10/12/2000 5:03:32 PM
Shift Code: 123
Radio Number: 123
Comments: 123

Time In	Time Out	Code	Comments	IP
2:00:00 AM	1:00:00 AM	2927	123	

Shift 3

Guard: Calamari, Manni
Post: Memorial City Mall
Time In: 10/12/2000 5:03:51 PM
Time Out: 10/12/2000 5:04:54 PM
Shift Code: 123
Radio Number: 123
Comments: 12312312312321

Time In	Time Out	Code	Comments	IP
4:00:00 AM	3:00:00 AM	2907	123123	

Fig. 11A



Shift 4

Guard	Post
Calamari, Manni	Memorial City Mall
Time In	Time Out
10/12/2000 5:05:04 PM	10/12/2000 5:05:08 PM
Shift Code	Radio Number
sfe	sdf
Comments	
asdfasd	

Time In	Time Out	Code	Comments	R
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Shift 5

Guard	Post
Calamari, Manni	Memorial City Mall
Time In	Time Out
11/16/2000 8:22:58 PM	11/17/2000 11:38:04 AM
Shift Code	Radio Number
Comments	

Time In	Time Out	Code	Comments	R
1:00:00 AM	1:00:00 AM	1607		
1:00:00 AM	1:00:00 AM	1601		
1:00:00 AM	1:00:00 AM	1603		
1:00:00 AM	1:00:00 AM	1603		
1:00:00 AM	1:00:00 AM	1603		
1:00:00 AM	1:00:00 AM	1603		
1:00:00 AM	1:00:00 AM	1604		
1:00:00 AM	1:00:00 AM	1605		

Shift 6

Guard	Post
Calamari, Manni	Memorial City Mall
Time In	Time Out
11/17/2000 11:38:10 AM	11/17/2000 11:40:56 AM
Shift Code	Radio Number
412	234
Comments	

Time In	Time Out	Code	Comments	R
1:00:00 AM	1:00:00 AM	1615	qwe	
1:00:00 AM	1:00:00 AM	1600		

Shift 7

Guard	Post
Calamari, Manni	Memorial City Mall
Time In	Time Out
11/17/2000 11:41:05 AM	11/20/2000 8:01:52 AM
Shift Code	Radio Number
SDF	asf
Comments	
xsg	

Time In	Time Out	Code	Comments	R
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Fig. 11B



Terrace Security Activity Log

Page 3 of 4

Shift 8

Guard	Post
Calamari, Manni	Memorial City Mall
Time In	Time Out
11/20/2000 8:02:02 AM	11/21/2000 3:12:03 PM
Shift Code	Radio Number
tewt	tet
Comments	
asretae	

Time In	Time Out	Code	Comments	IR
2:03:00 AM	5:00:00 AM	1604	comment	

Shift 9

Guard	Post
Calamari, Manni	Memorial City Mall
Time In	Time Out
11/21/2000 3:12:18 PM	11/21/2000 3:17:34 PM
Shift Code	Radio Number
wer	werwer
Comments	
erwer	

Time In	Time Out	Code	Comments	IR
1:00:00 AM	2:00:00 AM	1610	comments	
5:00:00 AM	6:00:00 AM	1607	ar	
5:00:00 AM	6:00:00 AM	1607	ar	

Shift 10

Guard	Post
Calamari, Manni	Memorial City Mall
Time In	Time Out
11/21/2000 3:56:21 PM	11/21/2000 4:07:48 PM
Shift Code	Radio Number
we	wet
Comments	
qr	

Time In	Time Out	Code	Comments	IR
1:00:00 AM	1:00:00 AM	1607	comment	
8:00:00 AM	9:00:00 AM	1604		
1:00:00 AM	1:00:00 AM	1605	comment goes here...	
1:00:00 AM	1:00:00 AM	1600		
1:00:00 AM	1:00:00 AM	1600		

Shift 11

Guard	Post
Calamari, Manni	Memorial City Mall
Time In	Time Out
11/21/2000 9:09:58 PM	11/22/2000 9:20:43 AM
Shift Code	Radio Number
wr3	wer
Comments	
wrwaer	

Time In	Time Out	Code	Comments	IR
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Fig. 11C



Terrace Security Activity Log

Shift 12

Guard	Post
Calamari, Manni	property 1
Time In	Time Out
10/12/2000 5:03:38 PM	10/12/2000 5:03:43 PM
Shift Code	Radio Number
123	123
Comments	
123123	

Time In	Time Out	Code	Comments	IP
7:00:00 AM	6:00:00 AM	2940	12312321	

Shift 13

Guard	Post
Calamari, Manni	property 1
Time In	Time Out
11/22/2000 9:21:02 AM	11/22/2000 9:24:03 AM
Shift Code	Radio Number
1234	12345
Comments	
comment goes here	

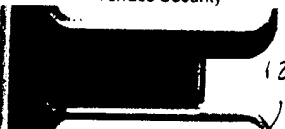
Time In	Time Out	Code	Comments	IP
1:00:00 AM	1:00:00 AM	1601	comments for the event go here	



Fig. 11D



Terrace Security



1250

Officers
Clients
Users
Log Out



Terrace Security Corporation

Online Applications Management Console

Logged In: Borgman, Steve

Officer Admin

Last Name	First Name	Badge #	Sin
<input checked="" type="radio"/> Torgman	Steve	121	1210
<input type="radio"/> Torgman	Steve	121	
<input type="radio"/> Office	Steve	121	
<input type="radio"/> Torgman	Steve	121	
<input type="radio"/> Torgman	Steve	121	
<input type="radio"/> Torgman	Steve	121	

Edit Selected Officer

Delete Selected Officer

1220

1230

1240

Add New Officer

1240

Fig. 12





[Officers](#)
[Clients](#)
[Users](#)
[Log Out](#)

Terrace Security Corporation
Online Applications Management Console

Logged In: Borgman, Steve

User Admin

Last Name	First Name	User ID	Admin
<input checked="" type="radio"/> Smith	John	1001	Yes
<input type="radio"/> Doe	Jane	1002	Yes
<input type="radio"/> Brown	David	1003	Yes
<input type="radio"/> Jones	Emily	1004	Yes
<input type="radio"/> Miller	Bob	1005	Yes
<input type="radio"/> Anderson	Alice	1006	Yes
<input type="radio"/> Taylor	Chris	1007	Yes

[Edit Selected User >>](#) [Delete Selected User](#)

FOR

[Add New User](#)

Fig. 14

Terrace Security Corporation
Officer Console

Logged In: Neely, Bernard

Incident Report

Terrace Security

Clock In/Out
Enter Events
View DAR
Submit DAR
Log OutIncident Code/Type
1605 - Aggravated Robbery
LocationTSC Case #
3

HPD Case #

Date/Time Reported

12 / 30 / 2000 12 : 00 AM

Date/Time Occurred

12 / 30 / 2000 12 : 00 AM

HFD Unit #

What Hospital

Paramedic's Name

Identifying Information #1

Last Name

First Name

☒ SU ☐ C ☐ W

Residence Phone

Business Phone

DOB

Address

SSN

DL

Employer

Department/Property

Suspect
is Minor☐ Yes ☒ NoParent/Guardian
Notified☐ Yes ☒ No

By Whom

Name of Notified

Time

12 / 00

Identifying Information #2

Last Name

First Name

☒ SU ☐ C ☐ W

Residence Phone

Business Phone

DOB

Address

SSN

DL

Employer

Department/Property

Suspect
is Minor☐ Yes ☒ NoParent/Guardian
Notified☐ Yes ☒ No

By Whom

Name of Notified

Time

12 / 00

Identifying Information #3

Last Name

First Name

☒ SU ☐ C ☐ W

Residence Phone

Business Phone

DOB

Address

SSN

DL

Employer

Department/Property

Fig. 15A



Suspect is Minor <input type="radio"/> Yes <input checked="" type="radio"/> No		Parent/Guardian Notified <input type="radio"/> Yes <input checked="" type="radio"/> No		By Whom <input type="text"/>	Name of Notified <input type="text"/>	Time <input type="text" value="12"/> <input type="text" value="00"/>
Vehicle Info #1 <input checked="" type="radio"/> SU <input type="radio"/> C <input type="radio"/> W Year <input type="text"/> Towed <input type="radio"/> Yes <input checked="" type="radio"/> No Make <input type="text"/> Model <input type="text"/> Color <input type="text"/> License Plate # <input type="text"/> VIN <input type="text"/>		Vehicle Info #2 <input checked="" type="radio"/> SU <input type="radio"/> C <input type="radio"/> W Year <input type="text"/> Towed <input type="radio"/> Yes <input checked="" type="radio"/> No Make <input type="text"/> Model <input type="text"/> Color <input type="text"/> License Plate # <input type="text"/> VIN <input type="text"/>		Vehicle Info #3 <input checked="" type="radio"/> SU <input type="radio"/> C <input type="radio"/> W Year <input type="text"/> Towed <input type="radio"/> Yes <input checked="" type="radio"/> No Make <input type="text"/> Model <input type="text"/> Color <input type="text"/> License Plate # <input type="text"/> VIN <input type="text"/>		
NARRATIVE Write a summary of the incident, answering the questions Who, What, When, Where & Why <div style="border: 1px solid black; height: 60px; margin-top: 5px;"></div>						
FOLLOW-UP Date <input type="text" value="12"/> <input type="text" value="30"/> <input type="text" value="2000"/> Time <input type="text" value="12"/> <input type="text" value="00"/> <input checked="" type="radio"/> AM <input type="radio"/> PM By Whom <input type="text"/> <div style="border: 1px solid black; height: 60px; margin-top: 5px;"></div>						
<input type="button" value="submit"/>						

Fig. 15B

Terrace Security Corporation
Officer Console**Incident Investigation Report**

TSC Case #

I. GENERAL INFORMATION

Date of Incident: 01 / 01 / 2000 Time of Incident: 01:01 am 1 pm Day Of Week: Monday
Date Reported to You: 01 / 01 / 2000 Time Reported to You: 01:01 am 1 pm By Whom: []
Property Name & Location: []

Specific Location of Incident:

[]
(describe all identifying factors of exact place of incident, measurements, directions, etc.)**II. THE COMPLAINANT - Check one:**

Last Name: [] Tenant [] Visitor [] Contractor [] Employee: Complete Sections I, II, VII & IX

Address: [] First Name: []

SSN: []

Male Female

City: [] State: []

Zip: []

Phone #: ()

Age: [] Height: [] Weight: []

Physical Disabilities: []

Pregnant? Yes No If yes, how many months 1 []

Does Complainant wear glasses? Yes No If yes, what kind []

Place of Employment: [] Position: []

Address: []

City: []

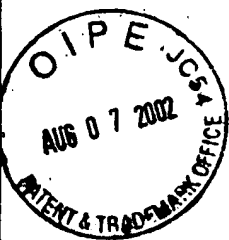
State: []

Zip: []

Phone #: ()



Fig. 16A



Terrace Security Activity Log

Driver's License # _____ State: _____ Date of Expiration: 01 / 01 / 2000 ☒
Vehicle Description: _____ License Plate #: _____
Vehicle Insurance?: ☐ Yes ☐ No Insurance Company: _____
Policy # _____ Policy Holder: _____

State:

III. FIRST AID (treatment Rendered to stabilize Complainant)

☐ Offered ☐ Not Offered- why?

☐ Offer By whom: why?

☐ Declined

☐ Taken to hospital Hospital Name?

Taken by: ☐ Ambulance ☐ I.D. Unit # _____ Paramedic's Name _____

☐ Self ☐ Other, Explain _____

Taken at Whose Request? ☐ Complainant ☐ Other, Explain _____

Emergency Contact Notified? ☐ Yes ☐ No ☐ N/A Name of Contact: _____

IV. CONDITION OF THE COMPLAINANT (For SLIP/FALL INCIDENT Only)

Fig. 16B



1 of 7

Fig. 16C

Terrace Security Activity Log

A. BEFORE the Incident

Carrying anything? : Yes : No If yes, what was being carried?

B. AFTER the Incident

Describe any visible injury or damage to clothing

C.

Complainant's description to any injury and where on their body it's located

D.

Describe Complainant's reaction to the incident

E.

Describe shoes worn by Complainant

F.

Sole materials Leather Rubber Vinyl Wood Other-describe

Describe heels (height, material, condition)

Overall condition of shoes Good Average Poor

V. INCIDENT INVOLVING MINORS

Was the minor accompanied by anyone at the time of the incident? Yes No If yes, who?

Relationship to Minor

If unaccompanied, was someone responsible for the minor? Yes No If yes, who?

Relationship to Minor

Where was this person at the time of the incident?

VI. INCIDENT DESCRIPTION

11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100



Fig. 16D

URGENT SECURITY ADVISORY

Complainant's detailed description of how the incident occurred (what does the Complainant feel caused the incident? If the Complainant is unable to tell you what happened, reconstruct as much as you can from physical evidence or witnesses - do not assume any facts about the incident.

[]

A. Description of the Incident Site

1. Type of Walkway

Floor Stairway Ramp Street Escalator Parking Lot Other - describe

2. Surface material

Carpet Vinyl tile Ceramic tile Terrazo Marble Quarry Tile Rug
Grass Concrete Asphalt Gravel Metal Dirt Other - describe

3. Foreign substance present? (soda, water, ice, snow, etc.) Yes No
What does substance appear to be?

Describe substance Color

Odor

Amount

Spill pattern

Describe Texture

(oily, gritty, bubbly, etc.) Consistency

(melted, crushed, solid, etc.)

4. Skid/streak marks Yes No

How did substance come to be on the floor? Substance on shoes or clothing Yes No

5. Any other object involved? Yes No If yes, describe object/composition

Location of object

Reason for location of object

Anything unusual about object?

(broken, unstable, not in usual place, etc.)

B. Unusual Surface Conditions Present?

Yes No If yes, describe nature of condition

Terrace Security Activity Log

Dimensions

Debris present? Yes No If yes, describe

C. Lighting Conditions

1 Natural Artificial describe

(type of bulb, etc.)

2 Does the complainant feel that lighting was a contributing factor in causing the incident? Yes No If yes, explain

D. Weather Conditions

Describe outdoor weather, even if incident was inside

(cloudy, sunny, snowing, raining, etc.)

VII. PHOTOGRAPHS

Were photos taken? Yes No How many?

By whom?

Date & Time Taken

Where are photos stored?

VIII. WITNESSES

Ask the following questions to each person at or near the incident scene. Include all people who might have seen the complainant or the crime shortly before, during or just after the incident.

A

Name

Address

City

State

Zip

Phone #

What was this person's involvement with the incident?

His/her location at the time of the incident?

Describe in detail exactly what he/she said

☐

Describe any conversation this Witness had with the Complainant

☐



Fig. 16E

☐

☐

B

Name

Address

City

State

Zip

Phone #

What was this person's involvement with the incident?

His/her location at the time of the incident?

Describe in detail exactly what he/she said

☐ Describe any conversation this Witness had with the Complainant

☐

☐

C

Name

Address

City

State

Zip

Phone #

What was this person's involvement with the incident?

His/her location at the time of the incident?

Describe in detail exactly what he/she said

☐

Describe any conversation this Witness had with the Complainant

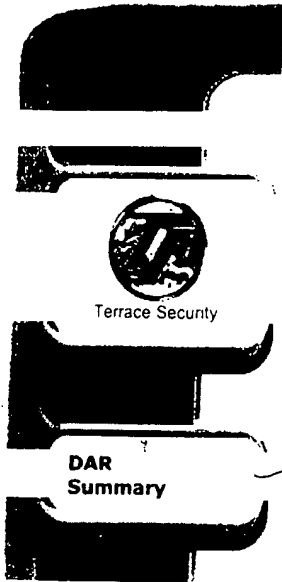
☐

☐

☐



Fig. 16F



Terrace Security Corporation
Secured Reporting Console

1730

UserID

Password

1730

1740

Fig. 17



<http://descartes.galacticgroup.com/terracedemo/Reports/Login.asp>

12 20 00



Terrace Security Corporation

Secured Reporting Console

Logged In: Madison, Carmen

Daily Activity Report

Guard ¹⁸²⁰ Property ¹⁸³⁰ Date ¹⁸⁴⁰
--All-- --All-- 12:20:2000
Event Code ¹⁸⁵⁰
--All--

Show

¹⁸⁶⁰

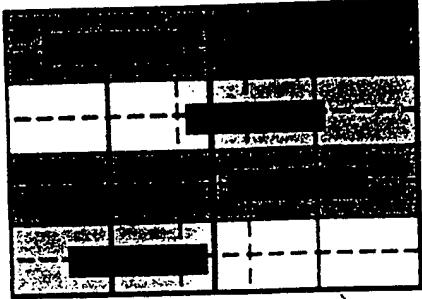
Terrace Security

DAR
Summary ¹⁸¹⁰

Log Out

Fig. 3

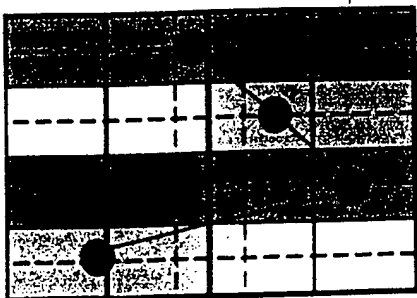
Benchmark
D I S C



601

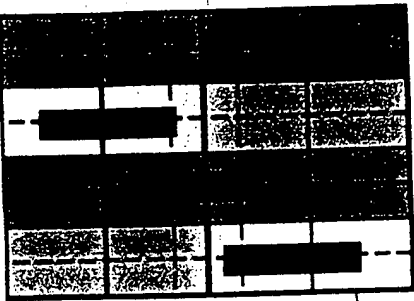
Day Security

Anthony Dudley
D I S C



610

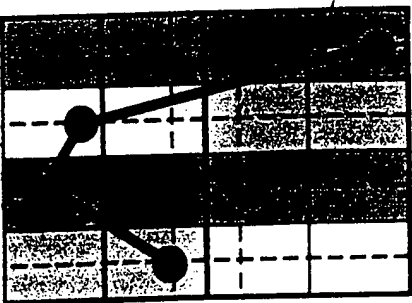
Benchmark
D I S C



602

Night Security

Eddie Green
D I S C



620

Fig. 19